

# MENTOR-PROTÉGÉ PROGRAM

## PROTÉGÉ APPLICATION

### Company information

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Web site: \_\_\_\_\_

Date business established: \_\_\_\_\_

SWAM certification number: \_\_\_\_\_

City vendor number: \_\_\_\_\_

Certified work type: \_\_\_\_\_

Commodity Code(s): \_\_\_\_\_

Do you have Bonding Insurance? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Bonding capacity: \$ \_\_\_\_\_

## **Program Development Plan**

### **Subcontracting opportunities:**

**Expand into another work area: Yes \_\_\_ No \_\_\_**

**Increase capacity/skill enhancement: Yes \_\_\_ No \_\_\_**

### **Prime contractor opportunities:**

**Yes\_\_\_ No \_\_\_**

**Joint venture: Yes \_\_\_ No \_\_\_**

## **Work Experience**

**1. Project description: \_\_\_\_\_**

**Contract period: \_\_\_\_\_**

**Location: \_\_\_\_\_**

**Type of work: \_\_\_\_\_**

**Contract amount: \$\_\_\_\_\_**

**Subcontract amount: \$\_\_\_\_\_**

**2. Project description: \_\_\_\_\_**

**Contract period: \_\_\_\_\_**

**Location: \_\_\_\_\_**

**Type of work: \_\_\_\_\_**

**Contract amount: \$\_\_\_\_\_**

**Subcontract amount: \$\_\_\_\_\_**